

<i>SERFF Tracking Number:</i>	<i>CNSC-126761576</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Washington National Insurance Company</i>	<i>State Tracking Number:</i>	<i>46451</i>
<i>Company Tracking Number:</i>	<i>WNIC-CLIC-ECOI-END</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WNIC Filing of CLIC-ECOI-END</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Washington National Insurance Company

Product Name: WNIC Filing of CLIC-ECOI-END SERFF Tr Num: CNSC-126761576 State: Arkansas

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46451

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: WNIC-CLIC-ECOI-END State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: David Dennie, Janet Jones Disposition Date: 08/12/2010

Date Submitted: 08/10/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 08/12/2010 Explanation for Other Group Market Type:

State Status Changed: 08/12/2010

Deemer Date: Created By: Janet Jones

Submitted By: Janet Jones Corresponding Filing Tracking Number:

Filing Description:

Re: Washington National Insurance Company / NAIC No.: 70319 FEIN No.: 36-1933760

Filing of Forms Required by Regulatory Settlement Agreement

Forms:

CLIC-ECOI-END – Enhanced Continuation of Insurance Endorsement

CLIC-RPU-END – Reduced Paid-Up Endorsement

CLIC-FAR1-END – Face Amount Reduction Endorsement

CLIC-FAR2-END – Face Amount Reduction Endorsement

SERFF Tracking Number: CNSC-126761576 State: Arkansas  
Filing Company: Washington National Insurance Company State Tracking Number: 46451  
Company Tracking Number: WNIC-CLIC-ECOI-END  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: WNIC Filing of CLIC-ECOI-END  
Project Name/Number: /

Dear Sir or Madam:

Enclosed, for your approval, are forms that were developed pursuant to a Regulatory Settlement Agreement (RSA) under the NAIC's multi-state exam process and approved by Conseco Life Insurance Company and forty-five (45) states to date. We submit these forms for the purpose of obtaining approval via SERFF.

The Enhanced Continuation of Insurance endorsement will be issued to all Lifetrend Policyowners. This endorsement allows policyowners to make flexible premium payments at any time.

The Reduced Paid-Up endorsement reduces the sum insured of a Lifetrend policy to an amount chosen by the policyowner pursuant to the election of an optional additional policy benefit.

The Face Amount Reduction endorsements implement the reduction to the policy face amount as selected by the policyowner.

The Reduced Paid-Up endorsement and Face Amount Reduction endorsements will be offered as additional options during the election period as described in the RSA. Policyowners may select the Reduced Paid-Up endorsement or the Face Amount Reduction endorsement or neither.

The Enhanced Continuation of Insurance endorsement and election notices to allow selection of the Reduced Paid-Up or the Face Amount Reduction endorsement have been mailed to Lifetrend Policyowners.

The endorsements attached have slight variations to the documents in the RSA. The Lead States have reviewed, and did not object to, the changes but asked that we note the changes in this filing. The changes are minor ones that enhance the content and appearance of the endorsements. They do not alter the intent or materially change the endorsements. Attached is a detailed list of the changes along with red-line versions of each endorsement for ease of review.

Thank you in advance for your attention to this matter. If you have any questions or need any additional information, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

Janet Jones,

Janet\_Jones@consec.com

SERFF Tracking Number: CNSC-126761576 State: Arkansas  
 Filing Company: Washington National Insurance Company State Tracking Number: 46451  
 Company Tracking Number: WNIC-CLIC-ECOI-END  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: WNIC Filing of CLIC-ECOI-END  
 Project Name/Number: /

11815 N. Pennsylvania Street 800-888-4918 [Phone] 3177 [Ext]  
 Carmel, IN 46032 317-817-2333 [FAX]

### Filing Company Information

Washington National Insurance Company	CoCode: 70319	State of Domicile: Illinois
11815 N. Pennsylvania St.	Group Code: 233	Company Type: Insurance
Carmel, IN 46032	Group Name:	State ID Number:
(800) 888-4918 ext. [Phone]	FEIN Number: 36-1933760	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	AR - \$50 per form
	IL - domiciliary state - \$50 per form
	4 x 50 = \$200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Washington National Insurance Company	\$200.00	08/10/2010	38654029

SERFF Tracking Number:	CNSC-126761576	State:	Arkansas
Filing Company:	Washington National Insurance Company	State Tracking Number:	46451
Company Tracking Number:	WNIC-CLIC-ECOI-END		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	WNIC Filing of CLIC-ECOI-END		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/12/2010	08/12/2010

<i>SERFF Tracking Number:</i>	<i>CNSC-126761576</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Washington National Insurance Company</i>	<i>State Tracking Number:</i>	<i>46451</i>
<i>Company Tracking Number:</i>	<i>WNIC-CLIC-ECOI-END</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WNIC Filing of CLIC-ECOI-END</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 08/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNSC-126761576 State: Arkansas

Filing Company: Washington National Insurance Company State Tracking Number: 46451

Company Tracking Number: WNIC-CLIC-ECOI-END

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: WNIC Filing of CLIC-ECOI-END

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Summary of Changes / Redline Version of Endorsements		Yes
Supporting Document	Cover Letter		Yes
Form	Policy Endorsement		Yes
Form	Policy Endorsement		Yes
Form	Policy Endorsement		Yes
Form	Policy Endorsement		Yes

SERFF Tracking Number: CNSC-126761576 State: Arkansas

Filing Company: Washington National Insurance Company State Tracking Number: 46451

Company Tracking Number: WNIC-CLIC-ECOI-END

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: WNIC Filing of CLIC-ECOI-END

Project Name/Number: /

## Form Schedule

### Lead Form Number: CLIC-ECOI-END

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CLIC-ECOI-END	Policy/Cont Policy Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.900	CLIC-ECOI-END.pdf
	CLIC-RPU-END	Policy/Cont Policy Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.600	CLIC-RPU-END.pdf
	CLIC-FAR1-END	Policy/Cont Policy Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	CLIC-FAR1-END.pdf
	CLIC-FAR2-END	Policy/Cont Policy Endorsement ract/Fratern al	Initial		53.600	CLIC-FAR2-END.pdf

<i>SERFF Tracking Number:</i>	<i>CNSC-126761576</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Washington National Insurance Company</i>	<i>State Tracking Number:</i>	<i>46451</i>
<i>Company Tracking Number:</i>	<i>WNIC-CLIC-ECOI-END</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>WNIC Filing of CLIC-ECOI-END</i>		
<i>Project Name/Number:</i>	<i>/</i>		
	<b>Certificate:</b>		
	<b>Amendmen</b>		
	<b>t, Insert</b>		
	<b>Page,</b>		
	<b>Endorseme</b>		
	<b>nt or Rider</b>		



# WASHINGTON NATIONAL INSURANCE COMPANY

Administrative Office: 11825 N. Pennsylvania Street Carmel, Indiana 46032-4555

## POLICY ENDORSEMENT

This Endorsement is subject to all of the terms, provisions, definitions and exclusions of the policy, except as stated in this Endorsement. This Endorsement is a part of the policy to which it is attached. The policy is changed as follows:

1. The "Continuation of Insurance" section of the NONFORFEITURE PROVISION, is hereby deleted and replaced with the following:

(B) Continuation of Insurance

In the event any premiums, other than premiums for supplemental benefits provided by any attached riders, are not paid before the end of the grace period, insurance coverage under this policy will be continued in an amount equal to the proceeds of this policy, including any attached riders. When this happens, your policy will be in a "period of continued insurance". Insurance shall continue until the net cash value is insufficient to cover the monthly deduction. In no event will the insurance be continued for a term less than that which the net cash value on the due date of the unpaid premium would purchase when applied as a net single premium.

During a period of continued insurance, you can pay premiums to extend insurance coverage under this policy. Such premium amounts can not exceed the original scheduled premium, unless approved by the Company.

The period of continued insurance cannot extend beyond an insured's age [100]. If the insured is living at age [100] the net cash value remaining will be refunded at that time to the owner.

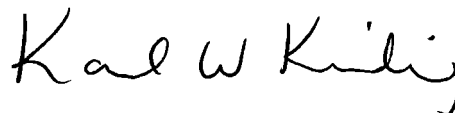
When you first enter a period of continued insurance, the TABLE OF GUARANTEED POLICY VALUES shown on the Policy Data Page or Policy Schedule will no longer be applicable.

The insurance provided under Option B may be surrendered at any time for its net cash value as of the surrender date.

2. Any language in the policy or attached riders which states that the rider(s) end when insurance is being provided under Option B is deleted.

The provisions of this endorsement supersede any conflicting provisions in the policy or any riders attached to the policy. In all other respects, the policy shall remain the same.

In witness whereof, we have caused this Endorsement to be signed by our Secretary.



Secretary

# WASHINGTON NATIONAL INSURANCE COMPANY

Administrative Office: 11825 N. Pennsylvania Street  
Carmel, Indiana 46032-4555

## POLICY ENDORSEMENT

**Policy Number:** [XXXXXXXXXX]

**Insured:** [John Doe]

**Sum Insured:** \$[2,003.00]

**Policy Status:** [Reduced Paid Up]

### Policy Data Page

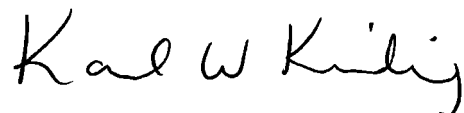
#### Table of Guaranteed Policy Values

This table illustrates the Guaranteed Values provided by this policy while on the Reduced Paid Up Nonforfeiture Option.

End of Policy Year	Which Occurs in	Cash Value
[22]	[2010]	\$[198.87]
[23]	[2011]	\$[206.50]
[24]	[2012]	\$[214.66]
[25]	[2013]	\$[223.35]
[26]	[2014]	\$[232.58]
[27]	[2015]	\$[242.38]
[28]	[2016]	\$[252.73]
[29]	[2017]	\$[263.63]
[30]	[2018]	\$[275.11]
[31]	[2019]	\$[287.17]
[32]	[2020]	\$[299.76]
[33]	[2021]	\$[312.96]
[34]	[2022]	\$[326.74]
[35]	[2023]	\$[341.11]
[36]	[2024]	\$[356.05]
[37]	[2025]	\$[371.57]
[38]	[2026]	\$[387.68]
[39]	[2027]	\$[404.36]
[40]	[2028]	\$[421.63]
[41]	[2029]	\$[439.47]

Values for years not shown will be furnished upon request.

In witness whereof, we have caused this Endorsement to be signed by our Secretary.



Secretary

# WASHINGTON NATIONAL INSURANCE COMPANY

Administrative Office: 11825 N. Pennsylvania Street  
Carmel, Indiana 46032-4555

## POLICY ENDORSEMENT

**Policy Number:** [XXXXXXXXXXXX]

**Insured:** [John Doe]

**Effective Date:** [8/01/2010]

### Policy Data Page

<b>Sum Insured</b>	<b>Annual Premium</b>	<b>Years Payable</b>
[\$29,000.00]	[\$338.85]	To Age [100]
<b>Premium Frequency</b>	<b>Premium Payable</b>	
Annual	[\$338.85]	
Semi Annual	[\$169.43]	
Quarterly	[\$84.72]	
Monthly Bank Collection	[\$28.24]	

### Table of Guaranteed Policy Values

This table presumes that the full annual premium shown above is paid each year from this point forward. The following values illustrate the Guaranteed Values provided by this policy.

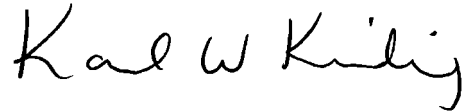
End of Policy Year	Which Occurs in	Cash Value
[15]	[2010]	[\$142.00]
[16]	[2011]	[\$155.00]
[17]	[2012]	[\$167.00]
[18]	[2013]	[\$181.00]
[19]	[2014]	[\$194.00]
[20]	[2015]	[\$208.00]
[21]	[2016]	[\$222.00]
[22]	[2017]	[\$237.00]
[23]	[2018]	[\$252.00]
[24]	[2019]	[\$268.00]
[25]	[2020]	[\$284.00]
[26]	[2021]	[\$301.00]
[27]	[2022]	[\$318.00]
[28]	[2023]	[\$336.00]
[29]	[2024]	[\$353.00]
[30]	[2025]	[\$371.00]
[31]	[2026]	[\$390.00]
[32]	[2027]	[\$408.00]
[33]	[2028]	[\$427.00]
[34]	[2029]	[\$447.00]

**Policy Data Page**  
(Continued)

Values for years not shown will be furnished upon request.

This table above provides values without any adjustment for indebtedness (loans plus interest) secured by this policy.

In witness whereof, we have caused this Endorsement to be signed by our Secretary.

A handwritten signature in black ink, reading "Karl W Kiliy". The signature is written in a cursive style with a large, stylized 'K' and 'W'.

Secretary

**WASHINGTON NATIONAL INSURANCE COMPANY**

Administrative Office: 11825 N. Pennsylvania Street  
Carmel, Indiana 46032-4555

**POLICY ENDORSEMENT**

**Policy Number:** [XXXXXXXXXXXX]

**Insured:** [John Doe]

**Policy Data Page**

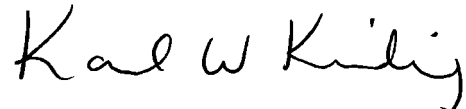
**Sum Insured:** \$[63,853.00]

**Effective Date:** [8/01/2010]

**Policy Status:** [Nonforfeiture – Continuation of Insurance]

**Premium:** [Flexible]

In witness whereof, we have caused this Endorsement to be signed by our Secretary.

A handwritten signature in black ink, appearing to read "Karl W. Kiliy". The signature is written in a cursive, flowing style.

Secretary

SERFF Tracking Number:	CNSC-126761576	State:	Arkansas
Filing Company:	Washington National Insurance Company	State Tracking Number:	46451
Company Tracking Number:	WNIC-CLIC-ECOI-END		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	WNIC Filing of CLIC-ECOI-END		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Readability Certification.pdf  
AR Guaranty Notice.pdf  
WNIC-CN-AR.pdf  
Certification Rule 19.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Summary of Changes / Redline  
Version of Endorsements

**Comments:**

The endorsements attached have slight variations to the documents in the RSA. The Lead States have reviewed, and did not object to, the changes but asked that we note the changes in this filing. The changes are minor ones that enhance the content and appearance of the endorsements. They do not alter the intent or materially change the endorsements. Attached is a detailed list of the changes along with red-line versions of each endorsement for ease of review.

**Attachments:**

Summary of Changes.pdf  
Redline - CLIC-RPU-END.pdf  
Redline - CLIC-FAR1-END.pdf  
Redline - CLIC-FAR2-END.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

Cover Letter.pdf

## READABILITY CERTIFICATION

Company Name: Washington National Insurance Company  
NAIC Number: 70319

SUBJECT: **CLIC-ECOI-END, et al**

As an officer of **Washington National Insurance Company** I hereby certify that the following form achieves a Flesch score that meets or exceeds requirements as follows:

[illegible]

Marlene Roth

**Mariann Dobbs**  
**Asst. Secretary**

**July 29, 2010**

Date

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Please turn to back of page)



## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insurers who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees.)

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

## IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company  
11815 N. Pennsylvania St.  
Carmel, Indiana 46032-4555  
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

3. If to the Arkansas Insurance Department

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
Telephone: 1-501-371-2640  
1-800-852-5494

# WASHINGTON NATIONAL INSURANCE COMPANY

## Arkansas Certification for Compliance

### With Rule and Regulation 19

RE: Washington National Insurance Company  
**Forms: CLIC-ECOI-END – Enhanced Continuation of Insurance Endorsement**  
**CLIC-RPU-END – Reduced Paid-Up Endorsement**  
**CLIC-FAR1-END – Face Amount Reduction Endorsement**

I, Mariann Dobbs, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.



---

Mariann Dobbs  
Assistant Secretary

7/29/2010

DATE

## Summary of Changes Made to Endorsements

The endorsements being submitted for approval have slight variations to the documents in the RSA. The Lead States have reviewed, and did not object to, the changes but asked that we note the changes in this filing. The changes are minor ones that enhance the content and appearance of the endorsements. They do not alter the intent or materially change the endorsements. Below is a detailed list of the changes. The red-line versions of each endorsement are attached to the Supporting Documentation tab for ease of review.

### **CLIC-RPU-END – Face Amount Reduction Endorsement**

- Removed the Company: [Company Name] field because the company name already appears at the top of the endorsement
- Left aligned the items in this section of the endorsement.
- Added Sum Insured: [Sum Insured] because it only appeared in the cover letter and not on the endorsement.

### **CLIC-FAR1-END – Face Amount Reduction Endorsement**

- Removed the Company: [Company Name] field because the company name already appears at the top of the endorsement
- Left aligned the items in this section of the endorsement.
- Changed Years Payable Life to Years Payable To Age [Age] because we have maturity dates of age 95 and age 100 for these policy forms.
- Added the form number to page 1 because it is required on either the first or all pages of the endorsement. We are choosing to have it appear on all pages of the endorsement.

### **CLIC-FAR2-END – Face Amount Reduction Endorsement**

- Removed the Company: [Company Name] field because the company name already appears at the top of the endorsement.
- Left aligned the items in this section of the endorsement.

**POLICY ENDORSEMENT**

Company: [Company Name] Policy Number: [XXXXXX]  
Insured: [Insured Name]  
Sum Insured: [Sum Insured]  
Policy Status: Reduced Paid Up

**Policy Data Page**

**Table of Guaranteed Policy Values**

This table illustrates the Guaranteed Values provided by this policy while on the Reduced Paid Up Nonforfeiture Option.

End of Policy Year	Which Occurs in	Cash Value
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]

Values for years not shown will be furnished upon request.

In witness whereof, we have caused this Endorsement to be signed by our Secretary.

(Secretary Signature)  
Secretary

**POLICY ENDORSEMENT**

**Company:** [Company Name] ————— **Policy Number:** [XXXXXXX]  
**Insured:** [Insured Name]  
————— **Effective Date:** [Effective Date]

**Policy Data Page**

<b>Sum Insured</b>	<b>Annual Premium</b>	<b>Years Payable</b>
[\$New Face Amount]	[\$Amount]	<u>To Age</u> <u>[Age]Life</u>
<b>Premium Frequency</b>	<b>Premium Payable</b>	
Annual	[\$Amount]	
Semi Annual	[\$Amount]	
Quarterly	[\$Amount]	
Monthly Bank Collection	[\$Amount]	

**Table of Guaranteed Policy Values**

This table presumes that the full annual premium shown above is paid each year from this point forward. The following values illustrate the Guaranteed Values provided by this policy.

End of Policy Year	Which Occurs in	Cash Value
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]
[Policy Duration]	[Year]	[\$Amount]

CLIC-FAR1 END

Values for years not shown will be furnished upon request.

This table above provides values without any adjustment for indebtedness (loans plus interest) secured by this policy.

In witness whereof, we have caused this Endorsement to be signed by our Secretary.

(Secretary Signature)

Secretary

CLIC-FAR1\_END

WASHINGTON NATIONAL INSURANCE COMPANY  
Administrative Office: 11825 N. Pennsylvania Street Carmel, Indiana 46032-4555

**POLICY ENDORSEMENT**

**Company:** ~~[Company Name]~~ **Policy Number:** [XXXXXXX] |  
**Insured:** [Insured Name]

**Policy Data Page**

**Sum Insure:** [\$New Face Amount]  
**Effective Date:** [Effective Date]  
**Policy Status:** Nonforfeiture – Continuation of Insurance  
**Premium:** Flexible

In witness whereof, we have caused this Endorsement to be signed by our Secretary.  
(Secretary Signature)  
Secretary

CLIC-FAR2-END



**Washington National Insurance Company**

11825 N. Pennsylvania St.  
Carmel, IN 46032

August 10, 2010

Arkansas Department of Insurance  
Attn: Life Filing Section

**SERFF Tracking # CNSC-126761576**

**Re: Washington National Insurance Company  
NAIC No.: 70319 FEIN No.: 36-1933760  
Filing of Forms Required by Regulatory Settlement Agreement**

**Forms: CLIC-ECOI-END – Enhanced Continuation of Insurance Endorsement  
CLIC-RPU-END – Reduced Paid-Up Endorsement  
CLIC-FAR1-END – Face Amount Reduction Endorsement  
CLIC-FAR2-END – Face Amount Reduction Endorsement**

Dear Sir or Madam:

Enclosed, for your approval, are forms that were developed pursuant to a Regulatory Settlement Agreement (RSA) under the NAIC's multi-state exam process and approved by Washington National Insurance Company and forty-five (45) states to date. We submit these forms for the purpose of obtaining approval via SERFF.

The Enhanced Continuation of Insurance endorsement will be issued to all Lifetrend Policyowners. This endorsement allows policyowners to make flexible premium payments at any time.

The Reduced Paid-Up endorsement reduces the sum insured of a Lifetrend policy to an amount chosen by the policyowner pursuant to the election of an optional additional policy benefit.

The Face Amount Reduction endorsements implement the reduction to the policy face amount as selected by the policyowner.

The Reduced Paid-Up endorsement and Face Amount Reduction endorsements will be offered as additional options during the election period as described in the RSA. Policyowners may select the Reduced Paid-Up endorsement or the Face Amount Reduction endorsement or neither.

The Enhanced Continuation of Insurance endorsement and election notices to allow selection of the Reduced Paid-Up or the Face Amount Reduction endorsement have been mailed to Lifetrend Policyowners.

The endorsements attached have slight variations to the documents in the RSA. The Lead States have reviewed, and did not object to, the changes but asked that we note the changes in this filing. The changes are minor ones that enhance the content and appearance of the endorsements. They do not alter the intent or materially change the endorsements. Attached is a detailed list of the changes along with red-line versions of each endorsement for ease of review.

Thank you in advance for your attention to this matter. If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Janet Jones".

Janet Jones, HIA, AIRC  
Product Filing Analyst  
Policy Approval & Compliance  
1-800-888-4918 extension 73177  
317-817-4155, fax number  
Janet.Jones@cnoinc.com